

Q-Straint
SPECIAL NEEDS DRIVER OF THE YEAR - 2009

NOMINATED DRIVER'S FULL NAME: _____

DATE OF BIRTH: ____/____/____

SCHOOL DISTRICT OR COMPANY: _____

DRIVER'S LICENSE #: _____

DRIVER'S BACKGROUND INFORMATION: (Total years of driving experience, total years employed as a school bus driver, miles driven, safety record and any other related information).

FACTS AND SPECIFIC ACHIEVEMENTS: (Provide any information that will show why the nominee is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: _____ Date: ____/____/____

Position: _____

ENDORSEMENT BY THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY.

Signed by: _____ Date: ____/____/____

Position: _____

Return this document to:
Deadline for submission
Is May 18, 2009

Betty Kunkel Cascade County Superintendents Office 325 Second Avenue North Great Falls, MT 59401
